

EXHIBIT B



123385 - 34



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NASDAQ INC.
805 KING FARM BLVD
ROCKVILLE MD 20850-6162



November 10, 2022

Nasdaq Inc.
Attn: Payroll

To Whom It May Concern:

Enclosed you will find an Administrative Wage Garnishment Order concerning, TAISHI N HYATT [REDACTED] which has been issued by the Army & Air Force Exchange Service. As a duly authorized U.S. Government instrumentality, the Army & Air Force Exchange Service is empowered by Federal Law to issue this Order.

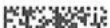
Please carefully review the enclosed documents. Should you have any questions regarding this, please feel free to contact our representative, TRANSWORLD SYSTEMS INC., a debt collector, at 1-866-302-7429. Their address is:

TSI Physical Address
TRANSWORLD SYSTEMS INC.
1105 SCHROCK ROAD SUITE 300
COLUMBUS, OH 43229

The Army & Air Force Exchange Service has issued this Order and has recorded the mailing in their records.

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**ADMINISTRATIVE
WAGE GARNISHMENT
FORM SF-329**

Notice to Federal Agencies:

In addition to this coversheet, this Administrative Wage Garnishment package includes:

SF-329A	Letter to Employer & Important Notice to Employer
SF-329B	Wage Garnishment Order
SF-329C	Wage Garnishment Worksheet
SF-329D	Employer Certification

***Complete instructions to Federal Agencies preparing
Administrative Wage Garnishment Form SF-329
may be obtained from the Financial Management Service's
web site at: <http://www.fms.treas.gov/debt/awg.html#forms>.***

Brief Instructions:

The Federal Agency issuing the Wage Garnishment Order is referred to as the "Creditor Agency." The Creditor Agency must complete this Administrative Wage Garnishment form and mail all parts (SF-329A, SF-329B, SF-329C, and SF-329D) of the form to the employer of the individual who owes a delinquent debt to the Federal Government. However, failure to include all parts of the form (other than the Wage Garnishment Order, SF-329B) will not invalidate the wage garnishment order. The individual who owes a delinquent debt to the Federal Government is referred to as the "employee" or the "debtor."

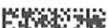
Letter to Employer and Important Notice to Employer (SF-329A): The Creditor Agency is not required to insert any information on the Letter to the Employer & Important Notice to the Employer. The Creditor Agency must include this Letter as part of the Administrative Wage Garnishment Form mailed to employers when issuing a wage garnishment order.

(see reverse for additional information)

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STANDARD FORM 329 (rev. 1/2005)

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ADMINISTRATIVE
WAGE GARNISHMENT
FORM SF-329

Notice to Federal Agencies (cont.):

Brief Instructions (cont.):

Wage Garnishment Order (SF-329B): This Wage Garnishment Order is to be completed by the Federal Agency issuing the Wage Garnishment Order, and must be included as part of the form mailed to employers.

Section 2. Wage Garnishment Amount: If the agency and the debtor have agreed to an exact dollar amount to be deducted from the debtor's wages, insert the dollar amount in section 2(a). If section 2(a) is completed, the agency should skip section 2(b) and proceed to *Creditor Agency Certification*.

If section 2(a) is not completed, the agency must complete section 2(b)(1). Insert the percentage of the debtor's disposable pay that the employer is ordered to deduct. **The percentage will be 15% unless the agency either agrees to a lower percentage or is ordered by a hearing official to accept a lower percentage, e.g. 10%.**

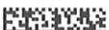
Creditor Agency Certification: The head of the agency, or his or her delegate, must sign the Wage Garnishment Order. In addition, the signatory's printed name and title should be printed or typed where indicated.

Wage Garnishment Worksheet (SF-329C): The Creditor Agency is not required to insert any information on the Wage Garnishment Worksheet. The Creditor Agency must include this blank Wage Garnishment Worksheet as part of the Administrative Wage Garnishment form mailed to employers when issuing a wage garnishment order.

Employer Certification (SF-329D): The Creditor Agency must complete the top part of the Employer Certification where indicated, and include the Employer Certification as part of the Administrative Wage Garnishment form mailed to employers. Employers are required to complete the form and return it to the creditor agency within 20 days of receipt.

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Dear Employer,

One of your employees has been identified as owing a delinquent nontax debt to the United States. The Debt Collection Improvement Act of 1996 (DCIA) permits Federal agencies to garnish the pay of individuals who owe such debt without first obtaining a court order. Enclosed is a Wage Garnishment Order directing you to withhold a portion of the employee's pay each pay period and to forward those amounts to us. We have previously notified the employee that this action was going to take place and have provided the employee with the opportunity to dispute the debt.

As both a businessperson and a taxpayer you can understand and appreciate the importance of ensuring that duly owed debts do not go unpaid. Your cooperation in complying with the enclosed Wage Garnishment Order will assist in our efforts to collect the billions of dollars in delinquent nontax debt owed to the United States. A Wage Garnishment Worksheet is enclosed to assist you in determining the proper amount to withhold.

Please read the enclosed documents carefully. They contain important information concerning your responsibilities to comply with this Order. If you have any questions, please call the contact name listed on the Order.

Thank you for your cooperation.

*See reverse for **Important Notice to Employer.***

Enclosures: Wage Garnishment Order (SF-329B)
Wage Garnishment Worksheet (SF-329C)
Employer Certification (SF-329D)

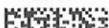
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Notice to Federal Agencies: Complete instructions to Federal Agencies preparing Administrative Wage Garnishment forms may be obtained from the Financial Management Service's web site at <http://www.fms.treas.gov/debt/awg.html#forms>.

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Prescribed by 31 CFR 285.11

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**UNITED STATES GOVERNMENT
WAGE GARNISHMENT ORDER (SF-329B)**

If box checked, this is an Amended Order. An Amended Order supersedes any prior orders issued by the Creditor Agency in connection with the employee named below.

1. Date of this Order: November 10, 2022	2. Date Mailed to Employer: November 10, 2022	3. Creditor Agency Tracking No. (refer to this number in all correspondence): [REDACTED]
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RE:

4. a. Employee Name: TAISHI N HYATT	5. Employee Social Security No.: [REDACTED]
4. b. Employee Alias Name:	[REDACTED]

TO:

6. Employer: Nasdaq Inc.	7. Employer Mailing Address (include street address, p.o. box, suite no., city, state, zip code): 805 KING FARM BLVD - ROCKVILLE MD 20850
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FROM:

8. Creditor Agency: TRANSWORLD SYSTEMS INC. on behalf of Army & Air Force Exchange Service	9. Creditor Agency Mailing Address for Correspondence (include street address, city, state, zip code): 1105 SCHROCK ROAD SUITE 300 COLUMBUS, OH 43229 (See Box #21 below for the mailing address for check payments.)
10. Contact Name: Theonne A Honey	11. Telephone No.: TRANSWORLD SYSTEMS INC. 1-866-302-7429
12. Internet e-mail address: aafescustomer@tsico.com	13. Fax No.: (866)-649-1823

14. Amount Due: \$6987.62	15. As of (Month/Day/Year): November 10, 2022
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Note: The amount due may be increased as a result of additional interest, penalties, and other costs being assessed by the Creditor Agency.

Section 1. ORDER. YOU, the Employer, are hereby ORDERED to deduct from all disposable pay paid by you to the Employee the Wage Garnishment Amount described in Section 2 of this Order. You are ordered to begin deductions on the first pay day after you receive this Order. If the first pay day is within 10 days after you receive this Order, you may begin deductions on the second pay day after you receive this Order. You are ordered to continue deductions until you receive notification from the Creditor Agency to suspend or discontinue deductions. YOU are further ORDERED to pay the Creditor Agency all Wage Garnishment Amounts deducted by you under this order within three (3) business days of the withholding.

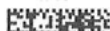
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Notice to Federal Agencies: Complete instructions to Federal Agencies preparing Administrative Wage Garnishment forms may be obtained from the Financial Management Service's web site at <http://www.fms.treas.gov/debt/awg.html#forms>.

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16. ABA Routing No.: N/A	17. Account No.: N/A	18. Agency Location Code (ALC) No.: N/A
19. Account Title: TRANSWORLD SYSTEMS INC.	20. Other information required (i.e., tracking no., debtor name, etc.): [REDACTED]	

Otherwise, mail checks (postmarked within 3 business days of the withholding) to:

21. Mailing address for check payments: TRANSWORLD SYSTEMS INC. PO BOX 15110 WILMINGTON, DE 198505110
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Section 2. WAGE GARNISHMENT AMOUNT.

(a) The Wage Garnishment Amount is \$ _____ per pay period in accordance with an agreement between the Creditor Agency and the Employee.

-OR-

(b) The Wage Garnishment Amount for each pay period is the lesser of:

- (1) 15% of the Employee's disposal pay (not to exceed 15%);
- (2) the garnishment amount set forth in 15 U.S.C. 1673(a)(2) (the amount by which the employee's disposable pay exceeds an amount equivalent to 30 times the minimum wage); or
- (3) 25% of the Employee's disposable pay less the amounts withheld under the withholding orders with priority. A withholding order with priority is a valid, legally enforceable withholding order that either (1) was received by the Employer prior to this Order, or (2) is an order for family support regardless of date received. Upon termination of any withholding order with priority or upon receipt of an order for family support subsequent to the receipt of this Order, the amount withheld for this order shall be recalculated based on the formula described in this Section 2(b).

Note: The Employer may use the attached Wage Garnishment Worksheet to calculate the Wage Garnishment Amount.

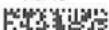
CREDITOR AGENCY CERTIFICATION. The **CREDITOR AGENCY** hereby certifies that this Order is issued in accordance with the requirements of 31 U.S.C. § 3720D and 31 C.F.R. § 285.11 and is mailed to the Employer on the date shown above.

Theonne A. Honey Title: CP Operations and Risk Manager
CREDITOR AGENCY SIGNATURE

STANDARD FORM 329B BACK (rev. 1/2005)

Print Name: Theonne A Honey

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WAGE GARNISHMENT WORKSHEET (SF 329C)

Notice to Employers: The Employer may use a copy of this Worksheet each pay period to calculate the Wage Garnishment Amount to be deducted from a debtor's disposable pay. Disposable pay includes, but is not limited to, salary, overtime, bonuses, commissions, sick leave and vacation pay. **If section 2(a) of the Wage Garnishment Order specifies the dollar amount to be garnished, the employer does not need to complete this Worksheet.**

Debtor Name _____

Social Security Number _____

Pay Period Frequency (Select One):

•Weekly or less •Every other week •Two times per month •Monthly •Other (Specify: _____)

DISPOSABLE PAY COMPUTATION

1.	Gross Amount paid to Employee		
2.	Amounts Withheld:		
	a. Federal income tax		
	b. F.I.C.A. (social security)		
	c. Medicare		
	d. State tax (including income tax, unemployment, disability)		
	e. City/Local tax		
	f. Health insurance premiums		
	g. Involuntary retirement or pension plan payments		
3.	Total allowable deductions [Add lines a - g]		
4.	DISPOSABLE PAY [Subtract line 3 from line 1]		

WAGE GARNISHMENT AMOUNT COMPUTATION

If the Employee's wages are not subject to any withholding orders with priority, skip to line 8.

5.	25% of Disposable Pay [Multiply line 4 by .25]	
6.	Total Amounts Withheld Under Other Wage Withholding Orders with Priority. See section 2(b) of the Order.	
7.	Subtract line 6 from line 5 [If line 6 is more than line 5, enter zero]	
8.	Multiply the percentage from section 2(b)(1) of the Order by line 4. (The percentage from section 2(b)(1) of the Order may not exceed 15%). <u>Example:</u> If the percentage from section 2(b)(1) of the Order is 15%, multiply .15 by line 4.	
9.	Amount equivalent to 30 times the Federal Minimum wage (\$7.25) <u>If the employee is paid Line 9 is</u> Weekly or less 217.50 Every other week 435.00 <u>If the employee is paid Line 9 is</u> 2x per month 471.25 Monthly 942.50	
10.	Subtract line 9 from line 4 [if line 9 is more than line 4, enter zero]	
11.	WAGE GARNISHMENT AMOUNT Line 7, 8, or 10, whichever amount is the smallest	

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STANDARD FORM 329C (11-98)

Prescribed by 31 CFR 285.11

EMPLOYER CERTIFICATION (SF 329D)**NOTICE TO EMPLOYERS: THE EMPLOYER MUST COMPLETE AND RETURN THIS CERTIFICATION TO THE CREDITOR AGENCY WITHIN 20 DAYS OF RECEIPT.****To be completed by Creditor Agency:**

1. Date of this Order: November 10, 2022	2. Date Mailed to Employer: November 10, 2022	3. Creditor Agency Tracking No. (refer to this number in all correspondence): [REDACTED]
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Creditor Agency: TRANSWORLD SYSTEMS INC. on behalf of Army & Air Force Exchange Service	Creditor Agency Mailing Address for Correspondence (include street address, city, state, zip code): 1105 SCHROCK ROAD SUITE 300 COLUMBUS, OH 43229
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Employee Name: TAISHI N HYATT	Employee Social Security No.:
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The remainder of the Employer Certification is to be completed by Employer:

Employer: Nasdaq Inc.	Employer Taxpayer Identifying Number:
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Note: The employer Taxpayer Identifying Number, required by 31 U.S.C. 7701(c), will be used to collect and report any delinquent amounts owed by the Employer under this Order.

1. The Employer received the Wage Garnishment Order concerning the above named employee on

(Date)

2. Check one of the following:

A. _____ The above named Employee is currently employed with this Employer, or

B. _____ The above named Employee is no longer employed by this Employer.

Please provide the following information for employees no longer employed:

Employment Termination Date: 	Employee's current employer (if known):
Employee's last known address and telephone no. (if known): 	

Note: If the Employee is no longer employed with this Employer, the Employer does not need to complete the rest of this Certification. Sign and date this Certification on page 2 and return to the Creditor Agency.

* * * * *

Notice to Federal Agencies: Complete instructions to Federal Agencies preparing Administrative Wage Garnishment forms may be obtained from the Financial Management Service's web site at <http://www.fms.treas.gov/debt/awg.html#forms>.

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STANDARD FORM 329D (rev. 1/2005)

Prescribed by 31 CFR 285.11



1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Transworld Systems Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
PO Box 5505

6 City, state, and ZIP code
Carol Stream, IL 60197-5505

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-			-				
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or

Employer identification number

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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ Disha Doogar Disha Doogar

Date ▶ 01/01/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

